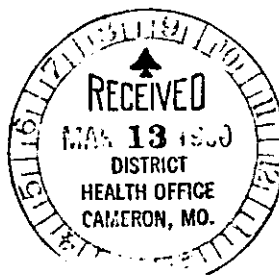


WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u> Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> c. LENGTH OF STAY (in this place) <u>76yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> d. STREET ADDRESS (If rural, give location) <u>East Main St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>Merritt</u> c. (Last) <u>Bolar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 27 - 50</u>			
5. SEX <u>male</u>		16. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		8. DATE OF BIRTH <u>5-29-1873</u>	
				9. AGE (In years last birthday) <u>76</u>	
				11. BIRTHPLACE (State or foreign country) <u>Harrison County, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Bolar</u>		13b. MOTHER'S MAIDEN NAME <u>Mariah Hilton</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Bolar</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Avery Bolar, Bethany, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Influenza</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Patient had been in poor health for last 2 yrs from stomach and heart ailments.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4827</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 20</u> , 19 <u>50</u> , to <u>Feb. 27</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 27</u> , 19 <u>50</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ernest L. Harris</u> (Degree or title)		23b. ADDRESS <u>Bethany Mo.</u>		23c. DATE SIGNED <u>Mar 6 - 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>	
24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo. Rural</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Harris</u>		24f. ADDRESS <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Harris</u>	
				ADDRESS <u>Bethany Mo.</u>	

FEB

4 1960



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. H. Haas

Signed _____

Student Embalmer

Licensed Embalmer No. 3889

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.